

FLU - Influenza

FLU-AVN AVIAN FLU

OUTCOME: The patient/family will understand special circumstances about avian flu.

STANDARDS:

1. Discuss with the patient/family the risks associated with avian flu.
2. Explain the transmission of avian flu.
3. Discuss the treatment options for avian flu.
4. Discuss the risk of consuming domestic or wild fowl.
5. Emphasize that extreme caution should be used when handling dead carcasses of potentially ill fowl.
6. Discuss that avian flu can be transmitted to humans from body excretions (such as saliva, nasal secretions, and feces) of infected birds. Discuss that behaviors that carry an especially high risk of infection include the slaughtering, defeathering, butchering, and preparation for consumption of diseased poultry.

FLU-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and important complications of the flu.

STANDARDS:

1. Discuss that one of the most common complications of the flu is pneumonia and may lead to hospitalization.
2. Explain that the flu causes many deaths in the United States every year.
3. Discuss groups who are at higher risk for complications from the flu such as the elderly and infants. Also discuss that persons with chronic diseases such as pulmonary disease, cardiac disease, renal disease, cancer, and diabetes are at higher risk for complications from the flu.
4. Discuss the importance of not giving aspirin or products containing aspirin to children (under 16 years of age) with the flu as it may induce a potentially fatal complication of the flu called Reye's Syndrome.

FLU-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the basic pathophysiology of influenza infection.

STANDARDS:

1. Discuss that the flu is caused by an influenza virus and that antibiotics are not helpful in treating the flu.
2. Explain that the flu virus changes every year so that having had the flu in a previous year will not necessarily make one immune to flu this year.
3. Discuss that the most common symptoms of the flu are muscle aches, head ache, fever, malaise, non-productive cough, and fatigue.
4. Explain that the flu is spread from person to person by inhalation of small particle aerosols, by direct contact or by contact with objects that have recently been contaminated by secretions from someone who has the flu.

FLU-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of influenza.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments and that follow-up appointments should be kept.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

FLU-IM IMMUNIZATION

OUTCOME: The patient/family will understand the role that immunization plays in preventing influenza. (Discuss the following as appropriate to this patient and situation.)

STANDARDS:

1. Discuss that the vaccine for the flu is formulated for the viruses that are predicted to be most prevalent this year.
2. Discuss that the currently available injected flu vaccines are killed virus vaccines and cannot cause the flu. (Please refer to current information on this year's flu vaccine.)
3. Discuss that there is a live attenuated intranasal vaccine available. This vaccine may protect individuals not only from the flu strains in the vaccine but also other flu strains. It may also decrease the incidence of colds and ear infections.

4. Discuss that persons who have a history of Guillain-Barre Syndrome, egg hypersensitivity, or hypersensitivity to any flu vaccine component should probably not get the flu vaccine unless ordered by a physician.
5. Discuss that current injectable flu vaccines are not licensed for use in individuals under the age of 6 months and that the intranasal flu vaccine is licensed for use in individuals between the ages of 5–49 years.
6. Discuss that persons at high risk for complications from influenza are recommended to receive the flu vaccine every year.
7. Discuss the common and important complications of flu vaccine.

FLU-L LITERATURE

OUTCOME: The patient/family will receive literature about influenza.

STANDARDS:

1. Provide the patient/family with literature on influenza.
2. Discuss the content of the literature.

FLU-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use and expected outcomes of prescribed drug therapy. (Discuss any or all of the following as appropriate.)

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication. Include treatment of symptoms with OTC medications.
2. Discuss the risks, benefits and common or important side effects of the medication and follow up as appropriate.
3. Discuss the use of antiviral treatment for influenza and that therapy must be started within 48 hours. Antiviral therapy will not eliminate flu symptoms, but it may help shorten the course of the illness. It is important to complete the full course of antiviral therapy.
4. Discuss any significant drug/drug, drug/food and alcohol interactions, as appropriate.
5. If appropriate, discuss that aspirin should not be used in patients that are under 16 years of age due to risk of Reye's syndrome.
6. If appropriate, explain that antibiotics are not used for viral illnesses because they are not effective on viruses:
 - a. Antibiotics used for viral infections can cause antibiotic resistance
 - b. Antibiotics can also cause side effects, allergic reactions, and increased cost with no benefit to treating the viral illness.

7. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list and pill bottles to appointments for medication reconciliation.

FLU-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient and family will understand the specific nutritional intervention(s) needed for influenza.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

FLU-N NUTRITION

OUTCOME: The patient/family will understand how nutrition may impact the management of influenza.

STANDARDS:

1. Explain that influenza causes increased fluid losses and that extra fluid intake is usually required.
2. Explain that chicken soup may actually be helpful because it provides extra fluid, potassium and sodium.
3. Explain that small frequent meals or sips of fluid may be better tolerated than larger meals.
4. Discuss that vomiting may be present:
 - a. Liquids or food will be better tolerated if the stomach is allowed to "rest" for 30 minutes to one hour before attempts to consume other fluids or foods.
 - i. Small frequent intake of fluids will be better tolerated.

- ii. One effective strategy is to take 5 to 15 cc's of clear fluid every 5 to 10 minutes until 8 hours have passed without vomiting.

FLU-P PREVENTION

OUTCOME: The patient/family will understand how nutrition may impact the management of influenza.

STANDARDS:

1. Explain that influenza causes increased fluid losses and that extra fluid intake is usually required.
2. Explain that chicken soup may actually be helpful because it provides extra fluid, potassium, and sodium.
3. Explain that a high calorie/high protein intake should be encouraged. Small frequent meals, snacks, and fluids may be better tolerated.
4. Discuss that vomiting may be present: Liquids or food will be better tolerated if the stomach is allowed to "rest" for 30 minutes to one hour before attempts to consume other fluids or foods. One effective strategy is to take 5 to 15 cc's of clear fluid every 5 to 10 minutes until 8 hours have passed without vomiting.